



**DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES
DIVISION OF ENVIRONMENTAL HEALTH
CHILD CARE FACILITY
INSPECTION REPORT**

REASON		GRADE	Inspection Date:	ESTABLISHMENT NAME:	
Regular	<input checked="" type="checkbox"/>		4/5/17	ABC FAMILY DAY CARE HOME	
Follow-Up	<input type="checkbox"/>	N/A	Time In/Out:	OWNER/OPERATOR:	
Complaint	<input type="checkbox"/>		10:50am 11:15am	PAULINO, ARLENE T.	
Investigation	<input type="checkbox"/>	RATING	Sanitary Permit No.:	LOCATION:	Establishment Type:
Other:	<input type="checkbox"/>	N/A	20000-16002901	IPAN, TALOKOFO	FDCH
No. of Children: 3 Male 3 Female 6 Total			PERMIT STATUS: <input checked="" type="checkbox"/> Valid <input type="checkbox"/> Temporary <input type="checkbox"/> Expired		
			Child Care License: No.: 16013 / <input checked="" type="checkbox"/> Valid / <input type="checkbox"/> Provisional / <input type="checkbox"/> Expired		

The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal a written request for hearing must be submitted before the indicated correction date.

[illegible]

I have read and understand the above violation(s) and I am aware of the corrective measures to be taken.

***Note: When any of the following items are cited above, they shall be corrected within 10 days of this inspection:**

Received By (Name & Title):
 Allen Paul D Day Care Provider
 DEH Inspector (Name & Title):
 J. Cruz Jan 12/10